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PROGRAMME DEVELOPMENT IN THE EAST ASIA AND PACIFIC REGION

The present document analyses major new trends and developments of UNICEF programme cooperation in the East Asia and Pacific region during 1992.

The UNICEF regional office has responsibilities for UNICEF cooperation in the following countries and territories: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Hong Kong, Indonesia, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Republic of Korea, Singapore, Thailand, Viet Nam and the countries in the Pacific region (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu).

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I. REGIONAL OVERVIEW

1. For the East Asia and Pacific region, 1992 was a year of continuous and sustained drive towards poverty alleviation through economic growth and social development. The basic social development strategies pursued by Governments, non-governmental organizations (NGOs) and United Nations agencies in the delivery of primary health care (PHC), improved nutrition services, clean water supply and sanitation facilities and literacy have significantly reduced infant and child mortality in the last decade. While further gains are still necessary, sustained attention in the coming decade must be given to the development and protection of children.

2. Significant progress, however, has not yet sufficiently reduced the impact of poverty in the region, which has brought malnutrition, disease and neglect to millions of children and women. UNICEF, in providing support to countries across a range of socio-economic development, faces unique operational and strategic challenges. At one end of the spectrum are countries undergoing major structural reforms. In these countries, the indicators for children and women point to substantial needs in all sectors and to special attention to ensure a "safety net" of social services for the poor. At the other end of the spectrum are the countries enjoying robust economic growth and remarkable progress in social services for children and women. Some of these countries, however, face the risks of rapidly expanding marginal populations and the negative impact of rapid economic and social change, including acquired immune deficiency syndrome (AIDS) and the increasing prevalence of children in difficult circumstances. At the middle range of the spectrum come those countries with improved economic performance, but which still have large numbers of children and women at high-risk.

3. In response to situations that vary in scope and dimension, UNICEF assists Governments to maintain and expand the reach of social services to more children and women, often under rapidly changing economic circumstances. At the same time, issues of equity in access to services, protecting the exploited and targeting the poorest communities are addressed. Consequently, diversity in response - political, economic, social and technological - is the guiding principle of UNICEF support. The challenge comes in pursuing a path that meets such diverse support requirements without diminishing the quality of the support, and at the same time strengthening the catalytic role of UNICEF in building national capacity for social development for children and women in the region.

II. WORLD SUMMIT FOLLOW-UP AND CONVENTION ON THE RIGHTS OF THE CHILD

A. World Summit follow-up and national programmes of action

4. In most countries of the region, the commitments made by the Heads of State and Government in signing the World Summit Declaration and Plan of

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Action have been effectively pursued through advocacy, policy dialogue, planning and additional resource mobilization. At the country level, the integration of national programmes of action (NPAs) and the principles of the Convention on the Rights of the Child into national development plans has been a major accomplishment. In China, Indonesia, the Philippines, Thailand and Viet Nam, NPAs have been synchronized with and have become an integral part of their respective national development plans. The process of preparing NPAs has been participatory, with professional groups and voluntary organizations playing a key role. In the dynamic economies of East Asia, Governments are expecting the private sector to help expand basic social services in order to reach the Summit goals. While most NPAs have adapted Summit goals to their country conditions, estimates of resources required for implementation need to be further refined. In low-income countries such as Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam, and in least-developed island countries in the Pacific, there is a need for substantial international support to implement NPAs.

B. The Convention on the Rights of the Child

5. Eleven countries in the East Asia and Pacific region became States Parties to the Convention in the first two years. The Democratic Republic of Korea, Indonesia, Mongolia, the Philippines, and Viet Nam are due to submit their initial reports to the United Nations Committee on the Rights of the Child.

6. On 4-6 August 1992, the East Asia and Pacific Regional Office (EAPRO), in cooperation with the Government of China and the UNICEF office at Beijing, organized the Second Regional Consultation on the Convention on the Rights of the Child to discuss issues of implementation, monitoring and reporting. Cabinet ministers, parliamentarians and senior government officials from 13 countries participated, along with resource persons, including the chairperson and two members of the Committee on the Rights of the Child, a representative of the United Nations Centre for Human Rights, the Association of South-East Asian Nations (ASEAN) Secretariat, UNICEF, as well as the United Nations Special Rapporteur on the Sale of Children. Delegates explored ASEAN regional cooperation after examining the experience of the South Asian Association for Regional Cooperation (SAARC) and other regional groupings. They adopted "The Beijing Consensus", an agenda for action to transform the principles and provisions of the Convention into national legislation and administrative and judicial rules. They stressed the importance of establishing national focal points to ensure sustained, effective implementation, monitoring and reporting.

7. On implementation, most Governments have generally succeeded in addressing survival rights, but rights to protection and of participation remain more difficult issues to address. Issues of children in especially difficult circumstances are more openly discussed in regional forums. In the region, there are serious problems concerning street children, child labour and sexual, physical and mental abuse, as well as transnational issues, including child trafficking, international adoption, child prostitution and sex tourism.

8. In 1992, the regional strategy was: (a) to stress the vital link between and synergistic effect of achieving the Summit goals through the NPAs and complying with survival rights in the Convention; (b) to build alliances and mobilize new partners, including law enforcers, community and religious leaders, educators, women, youth and children themselves; (c) to monitor and harness the current interest and debate on human rights in the region; and (d) to intensify effective dissemination of information through regional networks. In this connection, EAPRO has supported the establishment of Child Rights AsiaNet, a regional resource, jointly managed by the law faculty of Chulalongkorn University and the International Law Association of Thailand and governed by a board of regional advisers. It is designed to be a repository of documents and other child rights materials, a centre for training and research and a forum on child-related issues.

9. ASEAN and other Asian leaders are engaged in a new, vigorous debate on human rights. For the first time, ASEAN declared a common position on human rights in a Manila (Philippines) Communiqué issued in October 1992. An ASEAN human rights charter or body has been proposed by some ASEAN leaders and academics. This development, together with progress towards democratization in several countries in the regions, would have a profound impact on children's rights to survival, protection and development.

III. PROGRAMME PROGRESS AND TRENDS

A. Child health

10. The region has scored a significant success in universal child immunization (UCI), with an impressive coverage rate of 90 per cent. However, more persistent health problems continue to threaten the survival of children. Diarrhoeal diseases, acute respiratory infections, measles and, in some cases, malaria, are still the leading causes of child death, compounded usually by malnutrition, ignorance and poverty. The general decline in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) from 54 and 70 per 1,000 live births, respectively, in 1980 to 39 and 53 per 1,000 live births, respectively, in 1990 tends to mask the situation in some of the countries with unacceptably high child death rates. Cambodia, for example, tops the list, with an IMR of 123 per 1,000 live births and a U5MR of 193 per 1,000 live births, followed by the Lao People's Democratic Republic, Indonesia, Myanmar, Mongolia and Papua New Guinea. Translated into absolute numbers, 1.5 million infants and 2 million children under five years of age die each year, with 90 per cent of deaths occurring in China, Indonesia, Myanmar, the Philippines and Viet Nam.

11. The situation underscores the importance of an integrated PHC approach, which has been successfully implemented in China, Indonesia and Thailand. The UCI Plus strategy, which incorporates other maternal and child health (MCH) services and a strong social mobilization component into PHC services along with child immunization, is gaining importance. In many cases, this strategy is combined with an area-specific approach to institutionalize essential

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services at the grass-roots levels in order to more effectively reach the population groups. Based on current developments, the region is likely to achieve the reduction of IMR and U5MR to 29 and 42 per 1,000 live births, respectively, by the year 2000.

B. Breast-feeding

12. The promotion of breast-feeding practices and the banning of public advertising and the use of free supplies of infant formula to hospitals are being actively pursued in many countries through the "baby-friendly" hospital initiative. A world breast-feeding week was organized in many countries, notably in China, Indonesia, the Philippines and Thailand, between 1-7 August 1992. The Philippines and Thailand had joined the 12-country "baby-friendly" hospital initiative experiment with encouraging results. Indonesia, though not involved in the intensive programme, has given the highest level of political commitment to the initiative. Governments have also taken measures to stop the free supply of low-cost infant formula by milk companies to hospitals and maternity institutions, although intensive efforts are still needed for private hospitals.

C. Family planning and maternal and child health services

13. Maternal mortality rates (MMRs) remain high in some countries despite concerted efforts throughout the region to improve maternal health. Cambodia, Indonesia, Papua New Guinea and Myanmar register MMRs of 500, 450, 900 and 460 per 100,000 live births, respectively. A high level of political commitment will be needed to achieve the World Summit goal of reducing MMR by one half by the end of the decade.

14. The goal to reduce MMR is being pursued through the safe motherhood initiative, which, among other things, promotes timely pregnancy care, immunization, family planning and nutrition supplements. In the formerly centrally planned economies and pronatalist environments of Cambodia, the Lao People's Democratic Republic, Mongolia and Myanmar, the concept of family health and birth spacing is gaining acceptance. The current trend in the region is to integrate family planning services with MCH services, with the specific objective of lowering maternal and child mortality. The best examples of this approach can be found in China, Indonesia, Myanmar, Thailand and Viet Nam. If pursued effectively, this could influence the fertility behaviour among the populations.

D. Human immunodeficiency virus/acquired immune deficiency syndrome

15. AIDS, which poses a major health and survival threat to children and women in the region, is spreading very rapidly among intravenous drug users and prostitutes. Recent studies indicate that AIDS is now encroaching on the

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general population through heterosexual contact with these high-risk groups, the predominant mode of transmission in the region. The countries most seriously affected by the virus are Myanmar and Thailand, although cases are reported in virtually every country of the region, with the possible exceptions of the Democratic People's Republic of Korea and Mongolia.

16. Preventive measures to contain the problem are being taken in almost every country in the region. Information, education and communication campaigns targeted at high-risk groups and the general public have been launched. National AIDS committees have been set up and national AIDS control programmes have been formulated either on a short- or medium-term basis. Thailand has stepped up AIDS education in schools, extensive testing and screening of blood before transfusion, training and strengthening of laboratory services, sentinel surveillance and counselling services. A regional consultation on AIDS was organized by EAPRO for representatives and senior programme staff from the region between 4-5 November 1992 in Bangkok.

E. The Bamako Initiative

17. A health contract system has been introduced in the Lao People's Democratic Republic, Myanmar and Viet Nam. The system takes the form of a health card programme or a pre-paid voluntary insurance system in Thailand, in which the local community shares some of the costs of medical care. The system is also being implemented in China as health insurance for child immunization and general health care.

18. The need for alternative mechanisms such as the Bamako Initiative is likely to grow in some countries in the region as the funding capacities of Governments are affected by declining economies. A major obstacle is the shortage of foreign exchange for the purchase of essential drugs, for which the UNICEF reimbursable procurement system has been of great assistance. Plans are under way to hold a regional workshop in the first quarter of 1993 to promote the Bamako Initiative among selected countries in the region.

F. Water supply and environmental sanitation

19. Generally, access to safe drinking water is still low. The regional average in 1990 was 68 per cent, with the Philippines and Thailand reporting more than 80 per cent and 90 per cent access to safe drinking water, respectively. Six countries reported access rates below 50 per cent, with the lowest rate of 3 per cent recorded in Cambodia. More than 500 million people in the region do not have access to safe drinking water, 300 million of whom are in China and 100 million of whom are in Indonesia.

G. Basic education

20. The region continues to be relatively advanced in terms of its literacy and primary education enrolment rates. Conventional correlates of educational quality, such as the availability of trained teachers and textbooks, are also relatively high in the region as a whole. However, some countries, particularly those in Indochina, continue to have problems of access to primary education. While literacy rates are high, the absolute number of illiterates, particularly in China, also remains high. A major problem is the primary education drop-out rate, which remains as high as 25 to 30 per cent, even in some countries with fairly mature and sophisticated basic education systems. This drop-out rate ensures a continuing pool of functionally illiterate adults.

21. Despite the high overall primary education enrolment rates, sizeable pockets of people who do not have access to primary education remain. Typically, these people are members of ethnic minority groups in remote geographic regions. They are often further disadvantaged, even when they do have physical access to schooling, by being compelled to follow a curriculum irrelevant to their needs and taught in a foreign or alien language. In addition, there are large numbers of children who have access to primary education, but are unable to complete their schooling because of social or economic constraints. Alternative basic education programmes are sometimes available for these children, but in general, the coverage of these programmes is inadequate.

22. The UNICEF-assisted education programmes in many countries include projects for ethnic minority children and school drop-outs. A strong case can be made, nevertheless, for a regional Education for All (EFA) strategy which focuses much more attention on, and allocates a greater share of programme resources to, ethnic minority children and children who have dropped out of the formal education system at an early stage. There is a need for advocacy to encourage Governments to exert greater efforts to reach these groups, as well as a need for more experimentation with approaches designed to address the special situations of these children.

23. During the year, national EFA planning workshops were held with UNICEF support in Myanmar and Viet Nam. In the case of Viet Nam, both national and provincial conferences were held to ensure broad participation and to involve all levels in the identification and preparation of EFA projects. China and the Philippines undertook innovative and participatory approaches to project evaluation. In the Lao People's Democratic Republic and the Philippines, new strategies designed to deal with the problems of the supply and quality of teachers for remote ethnic minority groups were initiated. The education programme in Cambodia supported some new approaches to the training of primary teachers through the use of videotapes. Education projects were started for the first time in Malaysia and Papua New Guinea, with a focus on early childhood education and female literacy, respectively.

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H. The girl child and women in development

24. Many countries in the region have given priority to, or have adopted, progressive national and sectoral policies for the advancement of women. However, implementation of these policies has yet to take place in a number of these countries. UNICEF-supported programmes which directly benefit women are integrated into the sectoral programmes for health, nutrition, education and literacy and water supply and sanitation. They also include support for income generation, female-headed households and women's participation in local development.

25. Several countries in the East Asia and Pacific region have reported that there are no disparities between girls and boys, except in some Pacific island countries. However, it is noted that in almost all countries in the region, the drop-out rates for girls are still disproportionately higher than those for boys. School enrolment for girls is lower than for boys, and girls also have less access to higher education in many countries. Girl child concerns are increasingly given priority in UNICEF-supported advocacy and social mobilization activities, which stress the need for appropriate policies, legislation and allocation of resources.

26. In many centrally planned economies of the region, national women's unions or associations play a leading role in promoting women in development activities. In China, the All China Women's Federation has conducted many skills training courses to support income-generating activities for women cadres, including the dissemination of Facts for Life messages. The Lao Women's Union is strengthening women community workers' networks at the local level to promote child survival and development (CSD) interventions. In Indonesia, the Family Welfare Movement plays a prominent role in mobilizing women and ensuring their effective participation in development. The Viet Nam Women's Union has participated actively in the drafting of the new state laws and policies concerning women and children, as well as in the control and supervision of the implementation of those laws and policies, with the aim of ensuring gender parity. The union has been closely associated with UNICEF to further improve child survival and women in development programmes.

I. National capacity-building

27. Over the past two decades, several countries in the region have studied and specifically addressed the questions and issues of sustainability and national capacity-building in pursuit of economic growth and social development. Countries such as China, Indonesia, Malaysia, the Republic of Korea and Thailand have pursued deliberate planning and development strategies. Sustainability and capacity-building at political, financial, technical and managerial levels have been carefully operationalized through the formulation, implementation and evaluation of programmes, especially those for children. UNICEF has made a contribution through its country programming process and partnerships with national, subnational and local governments and NGOs. This emphasis on capacity-building is structured and promoted through

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joint planning, implementation and monitoring procedures and systems in social sectors. The tradition of continuity and change nurtured through multi-year programmes of cooperation with government policies and programmes for children has clearly demonstrated their impact on social indicators and the emergence of responsive leadership and management for progressive and social development.

28. Examples of broad-based national and subnational capacity-building through area-based approaches can be seen in China's model counties programme and in provincial, district and community-based programmes in Indonesia, the Philippines, Thailand and Viet Nam. In all of these countries, area-based approaches are making a significant contribution to the adoption of more realistic decentralized programmes for reaching disadvantaged groups, reducing disparities and achieving CSD goals for the 1990s.
